

**Commonwealth of Kentucky  
Public Protection & Regulation Cabinet  
Department of Charitable Gaming**

FORM CG-EXEMPT  
Rev. 02/02

**Notice of Exemption  
from Charitable Gaming Licensure Requirement**

**EXEMPTION CRITERIA:**

Under KRS 238.535(1), a charitable organization shall be exempt from licensure requirements when conducting the following charitable gaming activities:

- (a) Bingo in which the gross receipts do not exceed a total of twenty-five thousand dollars (\$25,000) per year;
- (b) A raffle or raffles for which the gross receipts do not exceed twenty-five thousand dollars (\$25,000) per year; and
- (c) A charity fundraising event or events that do not involve special limited charitable games and the gross gaming receipts for which do not exceed twenty-five thousand dollars (\$25,000) per year.

However, at no time shall a charitable organization's TOTAL limitations under this subsection exceed twenty-five thousand dollars (\$25,000) per year.

IF YOUR GAMING ACTIVITIES INVOLVE SPECIAL LIMITED CHARITABLE GAMES AS DESCRIBED IN KRS 238.505 (17) OR CHARITY GAME TICKETS (PULLTABS), YOU DO NOT QUALIFY FOR EXEMPTION.

1. NAME OF APPLICANT (CHARITABLE ORGANIZATION): \_\_\_\_\_  
\_\_\_\_\_

2a. APPLICANT'S MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
COUNTY: \_\_\_\_\_  
TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_

2b. STREET ADDRESS (IF DIFFERENT FROM MAILING ADDRESS OR IF POST OFFICE BOX IS LISTED ABOVE):  
\_\_\_\_\_

3. INDIVIDUAL WHO WILL SERVE AS THE CHARITABLE ORGANIZATION'S POINT OF CONTACT WITH THE DEPARTMENT OF CHARITABLE GAMING:

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
DAYTIME TELEPHONE: \_\_\_\_\_ EVENING TELEPHONE: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

4A. IF NEW APPLICANT, HAS YOUR ORGANIZATION EVER BEEN ISSUED A CHARITABLE GAMING LICENSE BY THE DEPARTMENT OF CHARITABLE GAMING? ☐ YES or ☐ NO

IF "YES", WHAT WAS THE LICENSE NUMBER? \_\_\_\_\_ ORG- \_\_\_\_\_

4B. HAVE YOU PREVIOUSLY BEEN ISSUED AN EXEMPTION ACKNOWLEDGEMENT?

☐ YES OR ☐ NO

IF YES, EXEMPTION #: \_\_\_\_\_

NOTE: ANNUAL FILING OF A FINANCIAL DISCLOSURE WILL BE REQUIRED BY THE LAST DAY OF DECEMBER. THIS DISCLOSURE WILL BE MAILED TO YOU BY NOVEMBER 30<sup>TH</sup> OF EACH YEAR.

5a. COUNTY WHERE CHARITABLE GAMING IS TO BE CONDUCTED: \_\_\_\_\_

5b. DOES THE APPLICANT MAINTAIN AN OFFICE OR PLACE OF BUSINESS IN ANOTHER COUNTY?

☐ YES or ☐ NO

IF YES, WHAT COUNTY? \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

5c. WHAT TYPE OF BUSINESS IS OPERATED FROM THIS COUNTY? \_\_\_\_\_

\_\_\_\_\_

5d. HAS THE APPLICANT MAINTAINED AN OFFICE OR PLACE OF BUSINESS, OTHER THAN FOR THE CONDUCT OF CHARITABLE GAMING, FOR A MINIMUM OF ONE (1) YEAR IN THE COUNTY WHERE CHARITABLE GAMING IS TO BE CONDUCTED?

☐ YES or ☐ NO

5e. DATE THE ORGANIZATION WAS ESTABLISHED IN THE COUNTY WHERE CHARITABLE GAMING WILL BE CONDUCTED? \_\_\_\_\_

6. DATE THE ORGANIZATION WAS ESTABLISHED IN THE COMMONWEALTH OF KENTUCKY?

Month: \_\_\_\_\_ Year: \_\_\_\_\_

7. APPLICANT'S FEDERAL EMPLOYER TAX IDENTIFICATION NUMBER: \_\_\_\_\_

8. HAS THE APPLICANT BEEN GRANTED TAX-EXEMPT STATUS BY THE INTERNAL REVENUE SERVICE?

☐ YES or ☐ NO

**IF "YES", ATTACH EVIDENCE (LETTER OR OTHER LEGAL DOCUMENT) OF THE APPLICANT'S TAX-EXEMPT STATUS GRANTED BY THE INTERNAL REVENUE SERVICE. NO EXEMPTION ACKNOWLEDGEMENT WILL BE ISSUED UNLESS APPLICANT POSSESSES TAX-EXEMPT STATUS UNDER 26 U.S.C. SECTIONS 501(c)(3), 501(c)(4), 501(c)(8), 501(c)(10) OR 501(c)(19), OR IS COVERED UNDER A GROUP RULING ISSUED BY THE INTERNAL REVENUE SERVICE UNDER AUTHORITY OF THOSE SECTIONS.**

**IF "NO", IS APPLICANT ORGANIZED WITHIN THE COMMONWEALTH OF KENTUCKY AS A COMMON SCHOOL AS DEFINED IN KRS 158.030(1), AS AN INSTITUTION OF HIGHER EDUCATION AS DEFINED IN KRS 164A.305, OR AS A STATE COLLEGE OR UNIVERSITY AS PROVIDED FOR IN KRS 164.290?**

☐ YES or ☐ NO

IF THE APPLICANT IS ORGANIZED IN THE COMMONWEALTH OF KENTUCKY AS A COMMON SCHOOL AS DEFINED IN KRS 158.030(1), AS AN INSTITUTION OF HIGHER EDUCATION AS DEFINED IN KRS 164A.305, OR AS A STATE COLLEGE OR UNIVERSITY AS PROVIDED FOR IN KRS 164.290, **GO TO QUESTION #10a.**

9. PROVIDE A DETAILED ACCOUNTING OF THE CHARITABLE ACTIVITIES IN WHICH THE APPLICANT HAS BEEN ENGAGED FOR THE THREE (3) YEARS IMMEDIATELY PRECEDING THE DATE OF THIS APPLICATION. **YOUR ANSWER SHOULD PROVIDE SPECIFIC DOLLAR AMOUNTS AND A DESCRIPTION OF EACH CHARITABLE PROJECT, ENDEAVOR, OR CAUSE FUNDED AND SPONSORED BY YOUR ORGANIZATION DURING THE LAST THREE YEARS.**

Description of Charitable Cause or Endeavor	Year	Year	Year
	_____	_____	_____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

(ATTACH ADDITIONAL SHEETS, IF NECESSARY)

- 10a. DOES THE APPLICANT SHARE OFFICE SPACE WITH ANY OTHER ENTITY LICENSED BY THE DEPARTMENT OF CHARITABLE GAMING?

☐ YES or ☐ NO

- 10b. IF YES, PLEASE LIST ALL LICENSED ENTITIES AND THE TYPE OF LICENSE HELD (*Organization, Distributor, Manufacturer, or Facility*):

Name of Entity	Type of License
_____	_____
_____	_____
_____	_____

11. TYPE OF CHARITABLE GAMES TO BE CONDUCTED:

☐ BINGO                      ☐ NON-CASH WHEEL GAMES (*Prize Value does not exceed \$100*)  
☐ RAFFLE(S)                ☐ CHARITY FUNDRAISING EVENTS

12. EXPECTED FREQUENCY CHARITABLE GAMING WILL BE CONDUCTED:

☐ BI-WEEKLY    ☐ WEEKLY    ☐ MONTHLY    ☐ SEMI-ANNUALLY    ☐ ANNUALLY

☐ OTHER: \_\_\_\_\_

13a. PLEASE LIST THE LOCATION OF THE PREMISES WHERE CHARITABLE GAMING ACTIVITIES WILL BE CONDUCTED BY YOUR ORGANIZATION?

Name of Building: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

13b. DO YOU OWN THE PREMISES WHERE THE CHARITABLE GAMING WILL BE CONDUCTED?

☐ YES or ☐ NO

*IF NO, PLEASE SUBMIT A COPY OF THE SIGNED LEASE AGREEMENT OR STATEMENT OF UNDERSTANDING BETWEEN THE ORGANIZATION AND THE OWNER OF THE PREMISES LISTED IN 13a.*

14. DISTRIBUTOR(S) APPLICANT WILL USE FOR CHARITABLE GAMING EQUIPMENT OR SUPPLIES:

NAME: \_\_\_\_\_  
KY. LICENSE NUMBER: **DIS-** \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

NAME: \_\_\_\_\_  
KY. LICENSE NUMBER: **DIS-** \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

NAME: \_\_\_\_\_  
KY. LICENSE NUMBER: **DIS-** \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

NAME: \_\_\_\_\_  
KY. LICENSE NUMBER: **DIS-** \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

(ATTACH ADDITIONAL SHEETS, IF NECESSARY)

15. WHAT ARE THE PROJECTED ANNUAL GROSS RECEIPTS FROM THE GAMING ACITIVITES YOU PLAN TO CONDUCT?

Bingo..... \$ \_\_\_\_\_  
Raffle(s)..... \$ \_\_\_\_\_  
Non-Cash Wheel Games..... \$ \_\_\_\_\_  
Charity Fundraising Events..... \$ \_\_\_\_\_  
Other: \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

PURSUANT TO KRS 238.525(6), THE APPLICANT SHALL NOTIFY THE DEPARTMENT OF CHARITABLE GAMING, IN WRITING, OF ANY CHANGE IN THE INFORMATION PROVIDED IN RESPONSE TO QUESTIONS 1-15 WITHIN THIRTY (30) DAYS OF THE DATE THE CHANGE OCCURRED.

## **CERTIFICATION**

I CERTIFY, UNDER PENALTY OF PERJURY, THAT I AM AN OFFICER AUTHORIZED BY THE APPLICANT TO SUBMIT THIS NOTICE OF EXEMPTION FROM CHARITABLE GAMING LICENSURE REQUIREMENT AND THAT I HAVE EXAMINED THIS NOTICE OF EXEMPTION, INCLUDING ACCOMPANYING MATERIALS, AND ALL INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND CORRECT. I FURTHER CERTIFY THAT THE APPLICANT AGREES TO COMPLY WITH ALL APPLICABLE LAWS AND ADMINISTRATIVE REGULATIONS REGARDING CHARITABLE GAMING IN THE COMMONWEALTH OF KENTUCKY.

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

**MAIL COMPLETED CG-EXEMPT (INCLUDING ALL REQUIRED ATTACHMENTS), TO:**

**PUBLIC PROTECTION & REGULATION CABINET  
DEPARTMENT OF CHARITABLE GAMING  
DIVISION OF LICENSING & COMPLIANCE  
132 BRIGHTON PARK BOULEVARD  
FRANKFORT, KY 40601-3714**

IF YOU NEED ASSISTANCE COMPLETING THIS APPLICATION, PLEASE CALL THE LICENSING BRANCH AT (502) 573-5528 OR TOLL-FREE IN KENTUCKY, (800) 729-5672.

VISIT OUR WEBSITE AT:  
<http://dcg.ppr.ky.gov>